

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAMAN

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PART I LOBBYIST NAME(Last) (First) (Middle) **TELEPHONE** Pacopac James C. 528-5557, ext. 222 MAILING ADDRESS (Street) 1001 Bishop Street FAX ASB Tower #1501 Honolulu, HI 96813 528-0421 (City) (State) (Zip Code) EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** MAILING ADDRESS (Street) FAX (City) (State) (Zip Code)

NAME OF ORGANIZATION YOU LOBBY F	TELEPHONE 528-5557, ext. 222 FAX	
The Pacific Resource Pa		
MAILING ADDRESS (Street)		
1001 Bishop Street ASB Tower #1501		528-0421
(City)	(State)	(Zip Code)
Honolulu	Honolulu Hawaii	
NAME OF PERSON RESPONSIBLE FOR PREI	TELEPHONE	
Paul Marx		841-2808
MAILING ADDRESS (Street) 1199 Dillingham Bouleva	rd	FAX
Suite 200		841-2900
(City)	(State)	(Zip Code)
Honolulu	HI	96813

PART III DESCRIPTION O	<u>F SUBJECTS UPON WHICH \</u>	YOU EXPECT TO LOBBY	
Agriculture	Education	Human Services	X Science, Technology & Economic Development
Communications & Public Utilities	X Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	xLabor & Employment	x Transportation
Culture, Arts, Historic Preservation	Health	XPlanning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	X Housing	Public Safety & Corrections	

I hereby-certify that the information furrished above is, to the best of my knowledge, correct and complete.

PART IV CERTIFICATION OF LOBBYIST

Chan (		1-3-05
	Signature Lobbyist)	(Date)
PART V AUTHORIZATION	TO LOBBY	
NAME	TITLE	E OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Ronald Taketa		
NAME OF ORGANIZATION (if applied	cable)	TELEPHONE
The Pacific Resource Partnership		528-5557
MAILING ADDRESS (Street)		FAX
1001 Bishop Street		
ASB Tower #1501		528-0421
(City)	(State)	(Zip Code)
Honolulu	HI	96813
I hereby authorize the ab	ove - named person to engage in l	obbying activities on behalf of the undersigned.
( freest	inty	1/5-105-
(Signature of Authorizing Officer or Person Represented)		(Date)